

1. ☐ No **2005** Covered Lives Assessment Obligation2. ☐ No **2005** Patient Services Surcharge Obligation3. ☐ Patient Services Payments Report Submitted Separately by Fund or TPA**MONTHLY PAYOR REPORT**NEW YORK STATE HEALTH DEPARTMENT
2005 PUBLIC GOODS POOL
REPORT OF COVERED LIVES ASSESSMENTS

REPORT MONTH _____, _____

PAYOR NAME _____

FEDERAL TAX ID# _____

TPA NAME (if applicable) _____

TPA FEDERAL TAX ID# _____

I. **For the January 2005 through December 2005 monthly reports only:** Enter the total number of **2005** covered lives, before apportionment, for the month. **Commencing with the January 2006 and subsequent monthly reports:** Proceed to Lines (M) and (N) on page 2.

	COVERED LIVES	REGION							
		NEW YORK CITY	LONG ISLAND	NORTHERN METRO	NORTH-EASTERN	UTICA/ WATERTOWN	CENTRAL	ROCHESTER	WESTERN
(A)	# INDIVIDUALS								
(B)	# FAMILY UNITS								

II. **For the January 2005 through December 2005 monthly reports only:** Of the total number of **2005** covered lives reported above, enter the number of covered lives subject to apportionment between/among insurers for the month, the percentage of assessment cost which you will be paying on the number of apportioned lives, and the resultant product. **Lines C through H: Round to the nearest whole number.**

	APPORTIONMENT OF COVERED LIVES	REGION							
		NEW YORK CITY	LONG ISLAND	NORTHERN METRO	NORTH- EASTERN	UTICA/ WATERTOWN	CENTRAL	ROCHESTER	WESTERN
(C)	# INDIVIDUALS SUBJECT TO APPORTIONMENT								
(D)	APPORTIONMENT PERCENTAGE								
(E)	APPORTIONED # OF INDIVIDUAL COVERED LIVES (C x D)								
(F)	# FAMILY UNITS SUBJECT TO APPORTIONMENT								
(G)	APPORTIONMENT PERCENTAGE								
(H)	APPORTIONED # OF FAMILY UNITS COVERED LIVES (F x G)								

2005

NEW YORK STATE HEALTH DEPARTMENT
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REPORT MONTH _____ , _____

PAYOR NAME _____

FEDERAL TAX ID# _____

TPA NAME (if applicable) _____

TPA FEDERAL TAX ID# _____

III. For the January 2005 through December 2005 monthly reports only: Enter the net number of **2005** covered lives (to the nearest whole number) after apportionment and before prior period adjustments.

	NET COVERED LIVES	REGION							
		NEW YORK CITY	LONG ISLAND	NORTHERN METRO	NORTH-EASTERN	UTICA/ WATERTOWN	CENTRAL	ROCHESTER	WESTERN
(I)	# INDIVIDUALS (A-C)+E								
(J)	# FAMILY (B-F)+H								

IV. For the January 2005 monthly report only: Make no entry on Lines (K) and (L) and proceed to Lines (M) and (N). **For the February 2005 through December 2005 monthly reports only:** Enter the net number of **2005** covered lives under or (over) reported for prior periods (Prior Period Adjustments).

	NET COVERED LIVES PRIOR PERIODS	REGION							
		NEW YORK CITY	LONG ISLAND	NORTHERN METRO	NORTH-EASTERN	UTICA/ WATERTOWN	CENTRAL	ROCHESTER	WESTERN
(K)	# INDIVIDUALS								
(L)	# FAMILY								

V. For the January 2005 monthly report only: Carry the amounts forward from Lines (I) and (J). **For the February 2005 through December 2005 monthly reports only:** Enter the total number of **2005** covered lives (to the nearest whole number) after apportionment and prior period adjustments (Lines I+K and Lines J+L). **Commencing with the January 2006 and subsequent monthly reports:** Enter the total number of **2005** covered lives (to the nearest whole number) under or (over) reported for prior periods (Prior Period Adjustments).

	TOTAL COVERED LIVES	REGION							
		NEW YORK CITY	LONG ISLAND	NORTHERN METRO	NORTH-EASTERN	UTICA/ WATERTOWN	CENTRAL	ROCHESTER	WESTERN
(M)	# INDIVIDUALS								
(N)	# FAMILY								

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REPORT MONTH _____ , _____

PAYOR NAME _____

FEDERAL TAX ID# _____

TPA NAME (if applicable) _____

TPA FEDERAL TAX ID# _____

VI. Schedule of regional covered lives annual assessment rate.

	ANNUAL ASSESSMENT RATE	REGION							
		NEW YORK CITY	LONG ISLAND	NORTHERN METRO	NORTH- EASTERN	UTICA/ WATERTOWN	CENTRAL	ROCHESTER	WESTERN
(O)	INDIVIDUAL UNIT	126.04	37.37	21.70	24.02	4.89	32.38	61.51	21.25
(P)	FAMILY UNITS	415.94	123.32	71.60	79.28	16.13	106.86	202.99	70.13

VII. Enter the **2005** regional covered lives assessment amounts after including period adjustments. **Lines Q through S- Round to the nearest tenth. Line T- Round to the nearest whole dollar.**

Enter the 2005 Regional covered area assessment amounts after including period adjustments. Lines Q through S - Round to the nearest tenth. Line T - Round to the nearest whole dollar.									
ANNUAL ASSESSMENT		REGION							
		NEW YORK CITY	LONG ISLAND	NORTHERN METRO	NORTH-EASTERN	UTICA/ WATERTOWN	CENTRAL	ROCHESTER	WESTERN
(Q)	INDIVIDUAL UNIT (M x O)								
(R)	FAMILY UNITS (N x P)								
(S)	TOTALS (Q + R)								
(T)	2005 MONTHLY PAYMENT LIABILITY (S / 12)								

VIII. Enter the total **2005** covered lives liability for the month (Total Line T) - Carry forward to the Payment and Reconciliation Summary.

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